

# FIRST FILL PRESCRIPTION PROCESS



## CITY OF SAN ANTONIO

Upon receiving prescriptions for a work-related injury, please provide the injured worker with a copy of this instruction sheet or ask them to text the Employer ID# **COSA1** to toll free 833-FRSTFIL (833-377-8345). The injured worker will complete the process and then present their billing information via mobile device.

## Injured Worker

Please follow the below instructions to obtain your First Fill Prescription Card.

Text  
**COSA1**

to 833-377-8345

## How it Works:

01

### Text

Text the Employer ID# **COSA1** to toll free  
833-FRSTFILL (833-377-8345)

02

### Follow Step by Step Instructions

**Step 1:** Text your First and Last Name

**Step 2:** Text your Date of Injury

**Step 3:** Confirm Information

03

### Receive First Fill Card

You will receive an image of your  
prescription card right to your phone.

04

### Fill Your Prescriptions

Present your RxBridge First Fill prescription  
card along with your work-related injury  
prescription(s) to your local pharmacy.



If you encounter any problems filling your prescriptions,  
please call RxBridge toll-free at 833-RxBridge (833-792-7434)